



State of Connecticut
Department of Public Safety / Division of State Police

ACCIDENT INFORMATION SUMMARY

State Police Troop: G

Case Number: DPS-04-958353

Notations:

Traffic: M
Weather: C
Lane R of 3
Direction of Travel: N S E W

Investigating Trooper: D'Elia #1374

Date: 11/21/04

Time: 1141

No. & Type of Veh's Involved: 1 CAR
(Passenger Car, Truck, Bus, Etc.)

Related Information: Rollover
(Pedestrian, Pole, Bridge Abutment, Etc.)

Town / City: Darien

Location of Accident: I-95 E/B at exit 10 off ramp

Utility Pole Name & Number (If Applicable):

Other (Specify):

Oper #1: Olson, Christopher

DOB: 11/21/81

Gender: ☒ M ☐ F

Address: 585 West Todd St

Town: Hamden

State: CT

Zip: 06518

Oper. Lic. # 117188406

Type: B

State: CT

Owner #1: Olson, Karl J.

Address: SAME

Registration Plate: 280CWB

State: CT

Make: Nissan

Model: Frontier P/U Year: 2000

VIN: 1N6ED26Y0YC405723

Seatbelt(s): ☐ Yes ☒ No Airbag: ☐ Yes (Deployed ☐ Y ☐ N) ☐ No ☐ N/A

Insurance Company: Progressive 60629675-5

Insurance Policy #:

Injuries: Fatality

Vehicle Damage: entire vehicle (roll-over)

Vehicle Towed: ☐ No ☒ Yes, Lone Star

Occupant(s): [Name / DOB / Address / Position in Veh]

Oper #2:

DOB:

Gender: ☐ M ☐ F

Address:

Town:

State:

Zip:

Oper. Lic. #

Type:

State:

Owner #2:

Address:

Registration Plate:

State:

Make:

Model:

Year:

VIN:

Seatbelt(s): ☐ Yes ☐ No

Airbag: ☐ Yes (Deployed ☐ Y ☐ N) ☐ No ☐ N/A

Insurance Company:

Insurance Policy #:

Injuries:

Vehicle Damage:

Vehicle Towed: ☐ No ☐ Yes,

Occupant(s): [Name / DOB / Address / Position in Veh]

Oper #3:

DOB:

Gender: ☐ M ☐ F

Address:

Town:

State:

Zip:

Oper. Lic. #

Type:

State:

Owner #3:

Address:

Registration Plate:

State:

Make:

Model:

Year:

VIN:

Seatbelt(s): ☐ Yes ☐ No Airbag: ☐ Yes (Deployed ☐ Y ☐ N) ☐ No ☐ N/A

Insurance Company:

Insurance Policy #:

Injuries:

Vehicle Damage:

Vehicle Towed: ☐ No ☐ Yes,

Occupant(s): [Name / DOB / Address / Position in Veh]

Oper #4:

DOB:

Gender: ☐ M ☐ F

Address:

Town:

State:

Zip:

Oper. Lic. #

Type:

State:

Owner #4:

Address:

Registration Plate:

State:

Make:

Model:

Year:

VIN:

Seatbelt(s): ☐ Yes ☐ No

Airbag: ☐ Yes (Deployed ☐ Y ☐ N) ☐ No ☐ N/A

Insurance Company:

Insurance Policy #:

Injuries:

Vehicle Damage:

Vehicle Towed: ☐ No ☐ Yes,

Occupant(s): [Name / DOB / Address / Position in Veh]

Brief Description of Accident

DPS04-058353

Fatal MVA

Darien

11/21/04

1141 hrs

On the above date and time the victim was operating a 2000 Nissan pickup truck on I-95 eastbound in the town of Darien, in the right lane. The highway curved to the left. The victim continued straight and drove onto the right shoulder where his vehicle rolled over causing the operator to be ejected through the passenger window. The victim was transported to Stamford hospital where he was pronounced deceased. The victim was identified as Christopher Olson, DOB 11/21/81, of 585 West Todd Street, Hamden, CT. The right and center lanes were closed from the time of the incident until 1341 hrs. The accident is being investigated by TFC. D'elia #1374. Supervised by Sgt. Murphy #274. LT. Meraviglia was notified.

This investigation is: ☐ Open / Continuing ☐ Closed

MEDICAL ATTENTION:

#1 Ambulance ☒ Yes, Company Stamford & Darien ☐ No

Patient Name: Olson, Christopher

Hospital: Stamford

Injuries: Fatality

#2 Ambulance ☐ Yes, Company ☐ No

Patient Name:

Hospital

Injuries

#3 Ambulance ☐ Yes, Company ☐ No

Patient Name:

Hospital

Injuries

#4 Ambulance ☐ Yes, Company ☐ No

Patient Name:

Hospital

Injuries

FATALITIES: Do Not Release Unless Next of Kin Notified

Name Olson, Christopher

Next of Kin Notified? ☒ Yes ☐ No

Name

Next of Kin Notified? ☐ Yes ☐ No

Name

Next of Kin Notified? ☐ Yes ☐ No

Name

Next of Kin Notified? ☐ Yes ☐ No

ENFORCEMENT ACTION:

Arrested

Warned

Arrested

Warned

Supervisor's Approval Required: Signature

OK To Release

Date 11/21/04